South Carolina Department of Health and Environmental Control
Center for Waste Minimization – Background Information for Technical Assistance Visits
Form Instructions

These instructions are to be used by facilities to complete the Center for Waste Minimization Background Information for Technical Assistance Visits Form. Use additional sheets to complete the form if necessary.

INSTRUCTIONS FOR SECTION 1: FACILITY INFORMATION

Facility Name: The name under which this particular facility or plant does business.

Date: Date the form is completed.

Facility Type: What is the facility type? (e.g. Wastewater Treatment Facility, Funeral Home, Chemical Plant)

Primary SIC: The primary Standard Industrial Classification (SIC) if known.

Facility Contact: The person who should be contacted regarding a Technical Assistance Visit.

 # Employees: The maximum number of people employed at the facility, **excluding** contractors.

 # Shifts: The number of shifts worked at the facility.

Days/week: Number of days the facility operates per week.

Mailing Address: The address at which the facility receives mail.

Physical Address: The physical location of the facility, which includes the number and street or highway at which the facility is physically located, the city, and zip code.

County: The county in which the facility is located.

Email address: The email address of the facility contact.

Telephone No.: The complete telephone number (including area code) at which the facility contact can be reached.

Fax No.: The complete telephone number (including area code) for the electronic facsimile machine at which correspondence may be communicated to the facility contact.

Mobile No.: The complete mobile telephone number (including area code) at which the facility contact can be reached.

Products Manufactured:
What products are manufactured at the facility? What is the purpose of the facility?

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INSTRUCTIONS FOR SECTION 2: ENVIRONMENTAL AREAS

HAZARDOUS (RCRA) WASTE
  A. **Wastes Reporting**
   Code: The hazardous waste code for the waste. (e.g. D007, U002, P113)
   Chemical: The chemical that corresponds to the code (e.g. Chromium, Acetone, Thallic Oxide)
   Unit Operation: The unit, equipment, or operation that produces this waste.
   Annual Amount: The amount of this type of hazardous waste generated each year in pounds per year (lb/yr)
  B. **Generator Quantity Status**
   Less than 100 kg/mo (220 lb/mo) – Check this box if you are a conditionally exempt small quantity generator of hazardous waste.

   100-1000 kg/mo (220-2200 lb/mo) – Check this box if you are a small quantity generator of hazardous waste.

   Greater than 1000 kg/mo (2200 lb/mo) – Check this box if you are a large quantity generator of hazardous waste.

   Not sure – check this box if you are not sure of your hazardous waste generator status.

SOLID (NON-HAZARDOUS) WASTE
Types: Put a check beside any wastes you generate that are listed, and add any wastes that you generate that are not on the list.

Quantities: The amount of a particular waste the facility generates in pounds per month.

WASTEWATER
  A. **Treatment Provision**
   Company has NPDES permit – Check this box if your facility has a National Pollutant Discharge Elimination System (NPDES) permit.

   Company pretreats then discharges into POTW system – Check this box if your facility pretreats then discharges into a Publicly Owned Treatment Work (POTW) system and identify the POTW.

   Company discharges directly into POTW system – Check this box if your facility discharges directly into POTW system and identify the POTW.

   Other – List any other wastewater activities that occur at the facility.

  B. Average wastewater flow from operations – The average wastewater flow from the operation in gallons per day.

  C. Unit operations generating wastewater – List the units and operations that generate wastewater.

  D. If sludge is generated on-site, is a chemical analysis available? – Check yes or no.

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E. Are recirculating operations being conducted? – Check yes or no.

STORM WATER
Company discharges into a river or stream – Check this box if the facility discharges into a river or stream.

Company has storm water permit – Check this box if the facility has a storm water permit. If the facility has a storm water permit, check the box that corresponds to the type of permit the facility has, whether a general permit or an individual permit.

Company knows the TMDL of the receiving water stream – Check this box if the facility knows the Total Maximum Daily Load (TMDL) of the receiving water stream.

Company has a SWPPP – Check this box if the facility has a Storm Water Pollution Prevention Plan (SWPPP).

DRINKING WATER
Facility is a public water supply system – Check this box if the facility is a public water supply system.

Facility drinking water is from a well or local water system – Check this box if the facility drinking water is from a well or local water system, and check the box that corresponds to the type of water system the facility has, whether a well or a local water system.

AIR
A. Descriptions
Emission Source – The equipment or process (a process may include several pieces of equipment) that emits any regulated air pollutant. (e.g. boilers, incinerators, vaporizers)

Unit Description – A brief description of the emission source.

Control Equipment – The equipment or process used to control air pollutants.

Annual Amount of Emissions – List the regulated pollutant, and the amount of annual emissions. (e.g. Particulate Matter, 20 tons per year)

Is a chemical analysis of residuals (e.g. dust) available? – Check yes or no.

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INSTRUCTIONS FOR SECTION 3:
FACILITY DETAILS

Permits
Hazardous Waste Permit – Check this box if the facility has a hazardous waste permit. If the facility has a permit, list the permit number and EPA ID No. for the facility.

Wastewater Permit, Storm Water Permit, Drinking Water Permit, Air Permit – Check the box(es) that correspond to the type(s) of permit(s) the facility has. If the facility has one of these permits, list the permit number.

Enforcement
Check this box if your facility is currently under any enforcement actions. If your facility is under any enforcement actions, please list the enforcement actions.

Is the following information available? Check the box next to the information that is available. If the facility has an Environmental Management System (EMS) check whether it is International Organization for Standardization (ISO) 14000 or check other and list the name of the other system type (if there is a name).

Describe emissions/waste reduction practices/operations already in place. – If the facility has already implemented pollution prevention efforts please list them in this section.

Describe reuse/recycling/reclamation operations. – If the facility has already implemented waste minimization efforts list them in this section.

Outside firm(s) for reuse/recycling/reclamation – List the waste and recycler the facility uses.

Are waste management costs available? – Check yes or no.

Do limitations on your environmental permits hinder your emissions/waste minimization efforts? – Check yes or no.

This form may be obtained by contacting the Center for Waste Minimization.
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